DOCUMENT RESUME

ED 042 106 AC 008 386

TITLE	The Health Educator Aide Program for Ghetto Areas.
INSTITUTION	Public Health Service (DHEW) Cincinnati, Ohio. Consumer Protection and Environmental Health Service.
PUB DATE	68
NOTE	30p.
EDRS PRICE	EDRS Price MF-$0.25 HC-$1.60
DESCRIPTORS	*Changing Attitudes, Disadvantaged Groups, Ghettos, *Health Education, Health Personnel, Home Visits, Housing, Indigenous Personnel, Motivation, Physical Environment, Public Health, *Sanitation Improvement, *Subprofessionals, *Urban Slums
IDENTIFIERS	Chicago (Illinois)

ABSTRACT

The Health Educator Program provides for indigenous personnel as communication links with residents of urban slums; they visit the homes and teach basic principles of cleanliness and health. Frequently their work involves relationships between landlord and tenant or cooperation with other city departments. A pioneer program in Chicago was so successful as a communication system that the concept of Health Educator Aides is expanding in other directions. The person-to-person approach is an important but simple approach to ghetto problems but the program needs the support of overall city efforts and should be administered by a permanent community agency. (DM)

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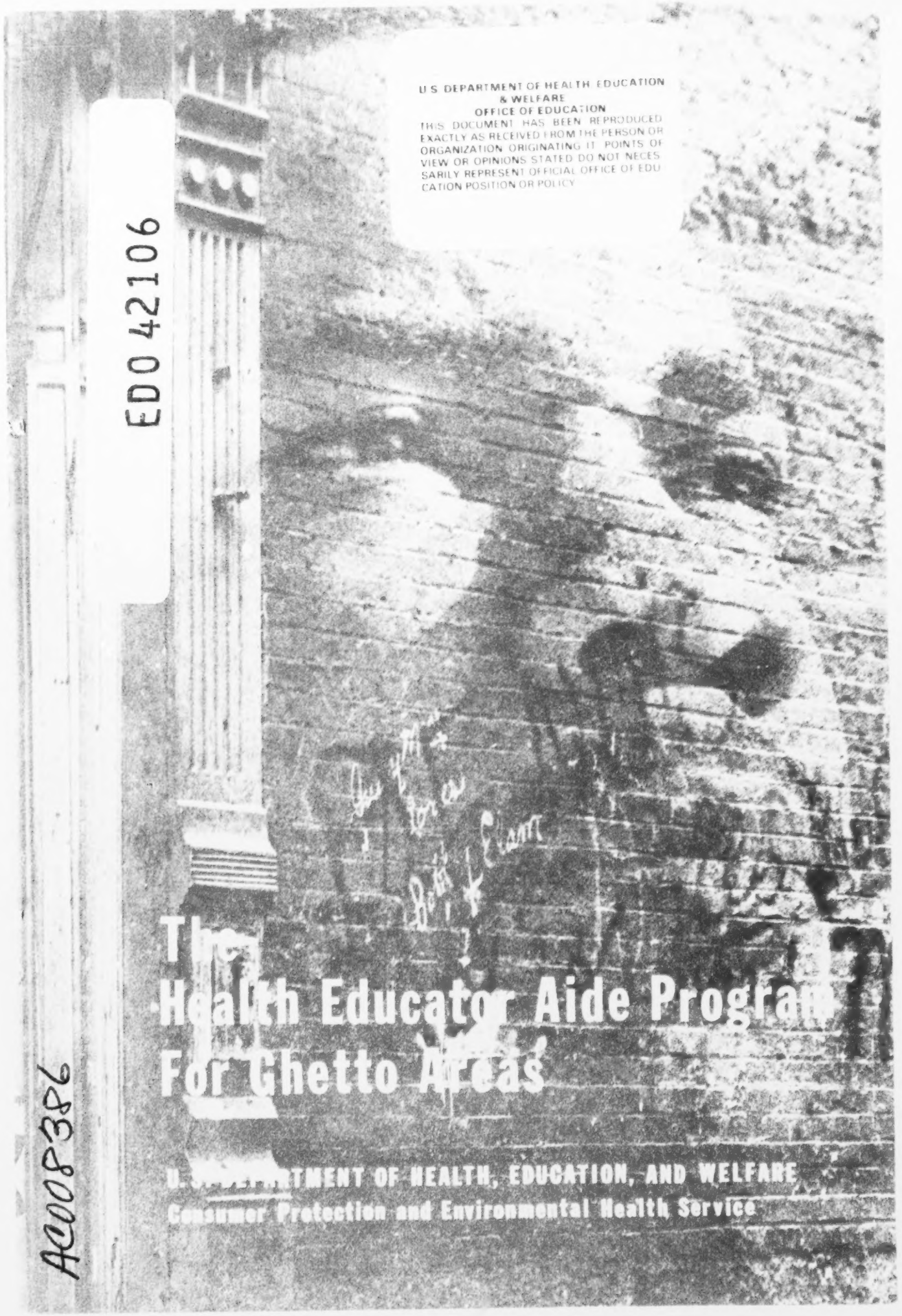

The Health Educator Aide Program For Ghetto Areas

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Consumer Protection and Environmental Health Service

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- **a person-to-person approach for reaching and helping the poor people of the city to achieve better health and cleaner surroundings.**
- **a new way to broaden horizons and break the cycle of despair.**
- **a tested tool that can work in any city.**

Families in the ghettos of America live a life of chronic despair, trapped in their environment by low incomes, or none at all, by unending debt, by frequent illness brought about by the conditions in which they must live, and finally by apathy. Their world is a vermin-ridden tenement and noisy, littered streets.

Help for these families, however, can come through the Health Educator Aides, men and women who understand ghetto problems and genuinely want to help. Often slum dwellers themselves, they can usually overcome mistrust and hostility and are especially trained to teach health and sanitation, advise on personal problems, and perhaps serve as a liaison between tenant and landlord.

The full story of the Health Educator Aide Program, how it is working in Chicago, and how it can work in other American communities, is told in the following pages.

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Consumer Protection and Environmental Health Service
Environmental Control Administration
Cincinnati, Ohio

1968

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WHAT IS THE HEALTH EDUCATOR AIDE PROGRAM?

The Health Educator Aide (HEA) Program is based on person-to-person communications in helping to solve one of the most serious problems of our nation today – how to reach and help thousands of poor people who live in the ghettos of our cities. Immediate goals of the HEA Program are to improve the living environment of ghetto residents in their homes and in the neighborhood. The objective is better mental and physical health. The program can start a whole cycle of action, however, and bring far-reaching future rewards for everyone.

More than 14 million Americans – in our urban complexes are classified in the Statistical Abstract of the United States (1967) as poverty cases, and the majority live in the crowded ghettos of our cities. Approximately 20 percent of the housing units in our country, according to this same publication, are deteriorating or dilapidated; -- a major portion are in our urban slums. Of the 27 million families in our urban complexes, over 3.8 million have family incomes of less than $3,000 a year. One report by the Citizens Crusade Against Poverty, *Hunger, U.S.A.*, estimates that as many as 10 million Americans are chronically malnourished.

Life can be short in the ghetto. Studies conducted by the Michigan State Health Department, for example, have documented that infant deaths in our slums can be from three to five times the national average. These slums have high disease rates for many different diseases. The majority of rat bites occur here, as well as the greater incidence of carbon monoxide poisonings from unvented space heaters. Investigations have uncovered epidemics of lead poisoning among slum children who have eaten chips of deteriorating lead-base paints.

Important psychological aspects of living in the ghetto were pointed out by Yale Psychologist Ira Goldenberg when he said that poverty is ". . . a pattern of hopelessness and helplessness, a view of the world and oneself as static, limited

Life can be short in the ghetto! The infant mortality rate in our slums is known to reach three to five times that of the national average.

and irredeemably expendable . . . a psychological process which destroys the young before they can live and the aged before they can die."

Some of the results of these poverty patterns and the unrelieved tensions of ghetto living are cited in the Report of the National Advisory Commission on Civil Disorders, which points out that the urban poor sometimes riot, burn, and turn to violence when they are confronted with the frustrations and confusions of their surroundings.

The problem -- which relates to all of us – has been growing for many years; it has many ramifications; and it cannot be solved overnight. A first step could be restoring to each ghetto resident, to the greatest extent possible, the dignity and joy of being a healthy person living in pleasant, clean surroundings.

There is a knowledge of urban living that each person must learn if he or she is to adapt to the surroundings and enjoy even the simplest blessings of daily life. The head of each family needs personal contact with a responsible adult trained to listen to his or her problems, to introduce ways he and his neighbors can help themselves through projects for individual health and home and block sanitation, to refer him to health services and other helping agencies, and perhaps to assist him in dealing with his landlord. The person who is trained to provide this assistance is the Health Educator Aide.

WHO IS THE HEALTH EDUCATOR AIDE?

The Health Educator Aide usually has no more than a high school education. He has a cheerful, affirmative outlook concerning both himself and others. The Aide has a ghetto background but in such case has taken steps to improve his own environment. Perhaps he has emerged from the ghetto.

Essential characteristics of good Health Educator Aides are:

(1) a concern for their fellow men;
(2) sensitivity to the needs of their fellow men; and
(3) the ability to establish a climate of trust and to communicate with them.

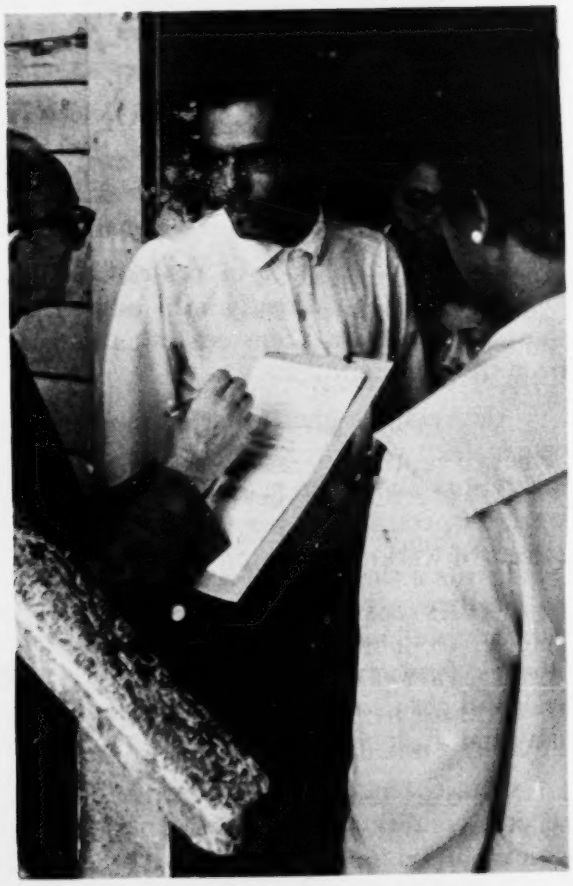
There is a shortage of professional health educators at the masters level. Most of them go directly into administration from college. Aside from this shortage, however, there are other sound, basic reasons for recruiting HEA's from the ghettos.

Aides with a ghetto background not only understand the problems of the people they want to help, but they can be extremely valuable in advising their supervisors about the people's fears, hopes, and hostilities. These Aides usually are interspersed with persons from middle class backgrounds who have chosen careers of working with human beings.

Mothers often make especially good Aides because they usually can communicate well with the women who, in a large percentage of cases, are heads of families. Female HEA's intuitively know when to remark "A daily bath brings a beautiful glow to the skin" and when it is necessary to say "You go bathe that baby and wash his hair right now!"

Women tenants are usually more tolerant to being told about poor housekeeping conditions by women than by men and they are better able to talk to a woman about personal problems or intimate subjects, such as birth control.

Health Educator Aides, sometimes with a ghetto background themselves, understand the people's problems, their fears, hopes, and hostilities.



Male Aides can encourage the father of the family to endorse and actively participate in improved health and sanitation procedure.

A negative factor for male HEA's working alone is the reluctance of many people to allow a strange man into their homes. Male Aides are needed, however, to encourage a father's participation in and endorsement of improved health and sanitation procedures, and to visit families where dark hallways might seem menacing to female aides. A man and woman team seems to be the ideal HEA combination under certain conditions.

Most HEA's find their work so gratifying that they change jobs only when promotions are offered within the HEA program; however, their training and experience in helping to change attitudes, habits, and behavior could open many doors of opportunity to them.

The role of the HEA basically is one of communication and education. By definition the HEA:

- - - Trains people in good practices of sanitation and personal health care.

- - - Attempts to "treat the whole man" through a helping relationship to individuals and families, and has knowledge of governmental and other agency operations for referral purposes.

- - - Often acts as liaison between tenant and landlord, trying to ensure that each understands his responsibilities and lives up to them.

- - - Inquires about, observes, and reports on the conditions and problems of people and the places where they live, thus providing a communication link between the community and the individual citizen living in the slum.

- - - Organizes health projects such as child well-being, home sanitation, personal hygiene, injury control, good housekeeping, and better living in general; attempts to involve informal groups and, at times, the total community such as churches, civic groups, and parent-teacher groups in a cooperative effort.

The basic differences between the HEA and other persons currently engaged in poverty area programs are that HEA's are concentrating more on communicating basic information about the physical environment and related problems on a person-to-person basis of ghetto residents, and his understanding and skill in helping the resident.

The Health Educator Aide must be patient, often returning as many as 12 times to motivate a family to make positive changes in attitudes toward environmental sanitation and health practices.

One family that persists in poor sanitation practices in an apartment building represents a threat to all the good accomplished with other families. By law, in most cities tenants can be prosecuted if their housekeeping is bad enough to be a menace to public health. The law, however, almost never is enforced. If you arrest an Aid to Dependent Children mother with ten children, what are you going to do? Fine her? Put her in jail? No, you help her, teach her, encourage her and, hopefully, one day she will want to change.

It is true, too, that one changed family can exert a great influence upon its neighbors. Difference in income among neighbors does not always distinguish one family from another. Often a family with a much lower per capita income

may be better fed, cleaner, and better housed, than one with a higher per capita income.

What is the difference, then? HEA's are taught that "the slum" largely is a state of mind, a way of life. *Improvement in health is obtained only if the individual citizen is motivated to carry out action on his own. Motivating him is the challenge of the HEA.*

Edward King, administrator of a pilot HEA program in Chicago, defines a good Health Educator Aide as "a person who has a sense of dedication to the job because he is oriented towards bringing about a visible improvement in the lot of his fellow men."

Mr. King regards the work of the Aides on his staff as essentially a matter of urbanizing new residents in the 20 or 30 square miles of deteriorating housing found in the inner city of Chicago.

Mr. King and two of his administrative staff members, Irwin Howe, and William Robinson describe the HEA problems this way:

> In addition to developing an interest in health and domestic hygiene, we are trying to establish an interest in broadening a sense of responsibility among both tenants and landlords. Ultimately, we are trying to teach citizenship. The whole program is a demonstration based on the ability of the indigenous Health Educator Aides to communicate these goals to the community.
>
> It's still a special program. There is a suspicious reluctance on the part of some people and enthusiastic acceptance on the part of others. Out in the neighborhoods, one gets the impression that there has been too much canvassing of poverty neighborhoods without much effort on the immediate problems faced by the people themselves. We realize that if a woman is pregnant, you can't come in and tell her about the garbage on her floor. You have to start by asking her if she has been to a maternity center.
>
> You also have to consider the point at which people start to make improvements. A place 100 percent cleaner than it was may still not be clean by middle class standards. The woman from Wells Street who sweeps a path through her house has made a promising beginning. In covering the territory you have to play it by ear. Each family is different, but only they can make the changes and make the changes stick.
>
> In getting the motivation to make improvements on a family's way of life, we often depend upon HEA's who have lived with similar problems and have a realistic idea of the difficulties involved. The sharing of this kind of personal experience is the basis for the effectiveness of the program.

TRAINING THE HEALTH EDUCATOR AIDE

Understanding the uniqueness and importance of their jobs is basic to the learning process of HEA's during their indoctrination course.

HEA's need to know that, by establishing a person-to-person relationship with slum dwellers and teaching them fundamental health and sanitation rules, they can better the lives of people who often can be reached in no other way.

According to a study by the National Opinion Research Center of Chicago, the lower-income portion of our population does not join voluntary associations and therefore is not reachable by speakers or other forms of mass media. Studies show that many ghetto housewives have few outside contacts and spend at least 60 percent of their time at home. Leaving printed health pamphlets in their homes will not help much, for people often cannot read. They are so apathetic that they do not care, or they are not informed enough to know the results of neglecting basic health and sanitation rules regarding their persons and their surroundings.

As one Chicago HEA put it in her January 1968 report:

"Some of the people are non-educated and just don't know any better. They think living in filth is good and does no harm to health. They need health educator Aides who go in and sit down and chat with the families and tell them how important it is to be clean, how bad it is to be dirty. They should wrap their garbage and put it in large containers so the rats can't live in it. They should train their children to wear clothes and shoes, especially when the weather is cold."

Upgrading the attitudes and motivations of such people is the primary work of the HEA.

But accomplishing this is not simple. There are many subtleties involved in human relationships. The HEA must learn how to make people want to help themselves, how to impart knowledge without injuring pride, how to build up the independence of the slum dweller and lessen his dependency upon the HEA, how to use diplomacy in matters between landlords and tenants.

Although HEA's are especially chosen for their sensitivity and ability to communicate, most of them have never faced situations requiring a great deal of diplomacy and tact. They must be properly instructed not only in these areas, but in how to meet unknown challenges that will arise often in their work. The training, therefore, should be concentrated on problem solving, rather than on producing a particular effect.

A good training course is based on scientific concepts of human behavior, both individual and in groups, and in terms of adaptation to environment.

The training program for HEA's in Chicago was developed by Dr. Robert Knittel of Southern Illinois University, under a U. S. Environmental Control Administration contract, in cooperation with representatives of the Chicago Board of Health, the U. S. Environmental Control Administration and various Chicago agencies including the Mayor's office, Building Department, Public Works Department, and the Chicago Committee for Urban Opportunity.

For the entire training period, a concerted attempt is made to develop an atmosphere of partnership between the administrators of the agencies, the trainees, and the consultant-trainers.

The initial training period is two weeks (or 10 working days) including one week of in-house sessions and one week of combined field experience and classroom sessions, followed within four weeks by an evaluation of experience in the field. The plan also calls for weekly discussions by field teams of the use of techniques they have learned in actual problem solving. Periodically, a one- or two-day training session is held for the entire group, emphasizing discussions of the trainees' own experiences with the methods they find useful in accomplishing their objectives.

Specific instructions are given in such topics as the handling of household garbage, home safety and injury control, homemaking, proper food preparation and handling, insect and rodent control, and sanitation both in the home and outdoors.

The Health Educator Aides learn to handle such problems as

- - - Teaching tenants how to maintain a dwelling unit to minimize the need for repairs; working with both tenants and landlords to alleviate problems; and gaining cooperation for (a) vermin and rodent control and extermination in each dwelling and (b) hallway, backyard, and alley sanitation, including cleanup and expanded solid wastes collection.

- - - Acquainting the residents and the neighborhood with available personal and community health services, mental health services, and the visiting nurse, and making referrals as needed.

A persuasion task for the Health Educator Aide: getting the children to cooperate in clearing a cluttered lot for use as an off-street play area.

- - - Arranging referral of major dwelling deficiencies, such as inoperative plumbing and heating equipment or broken stairs and railings, and leaking roofs, walls and windows, to the appropriate enforcement agency.

- - - Encouraging resident participation in block or neighborhood associations for community organization for self-help efforts and communication.

A complete training manual, based on the Chicago experience, has been prepared by the U. S. Environmental Control Administration as an aid to any city or agency interested in preparing HEA's for work in the ghetto area. The manual describes techniques for teaching trainees, such as "How to Conduct Group Discussions" and "Uses for Role Playing," and presents such topics as "Field Situations and Field Exercises," "What Help is and is Not," and "Definitions and Identifications of Motivations." It also addresses the HEA in warmly human terms, discussing, for instance, the importance of genuine feeling for and reciprocal trust with the people to be helped for . . "friendship cannot be simulated."

Preparing the trainee for all eventualities, the manual even warns the HEA. "This tends to be a very lonely job and there will be a need from time to time to come back and get together and talk about problems and get mutual reinforcement. It's not an easy job . . . but it is a rewarding kind of job."

THE CHICAGO HEA PROGRAM

The first 20 Health Educator Aides were trained and sent back to work in selected poverty areas of Chicago in August 1966. From the beginning, this pioneer program, originated by the Chicago Board of Health, was given both the financial support and technical assistance of the U. S. Department of Health, Education, and Welfare's Environmental Control Administration.

It was May 18, 1966, when Dr. Samuel L. Andelman, Chicago's Commissioner of Health requested assistance from Dr. William H. Stewart, Surgeon General, in training 20 Health Educator Aides to bring about a marked improvement in the environmental and health conditions of Chicago. Three months later, the program was a working reality.

The idea was the result of some deep thinking about motivation after a rodent control program encountered difficulty because of lack of cooperation of both tenants and landlords. The new HEA program was intended not only to help with the immediate rodent control problem but to help prevent other environmental sanitation problems by educating the citizens and motivating them to participate in neighborhood and community problem solving. It was directed by Edward F. King, now Assistant Health Commissioner, and supervised by William Robinson, Health Educator.

In the first group of HEA's were 16 women and 4 men, including 15 Negroes, 2 Puerto Ricans, and 3 white people. Their average age was 30; most had a high school education; and all showed a sincere desire to help their fellow slum dwellers to help themselves.

Their training was focused on three methods of helping people: first, to set the best possible example for others; second, to instruct slum dwellers about methods and the benefits from following the laws of public health and sanita-

tion; and third, to explain the means by which these people could get help from other agencies or authorities.

The HEA's were encouraged to think of themselves in a kind of "hinge" relationship, being flexible and able to bend, but always in the right direction. Because many have lived in such an environment and have made the jump to a better one, they are understanding; yet they deal positively in helping the slum dweller to cope with his environment.

The very simplest health and sanitation methods had first place on the HEA teaching agenda. They were to emphasize the need for putting garbage into cans and covering the cans instead of leaving it around the apartment or throwing it out the window. They were to teach how to cover rat holes in the apartment, how to wash floors and store food properly, and how to prevent such tragedies as lead poisoning of children.

The key person providing the bridge between effective neighborhood contact and the technical aspects of the program has been William Robinson, health educator in charge of the HEA program. Commenting on development of an effective program with the aid of lay semi-professional assistants, Mr. Robinson says:

> We held our first Health Educator Aide training program in August of 1966 for a period of two weeks. This program, though short, was effective in two ways. First, they obtained technical information on the types of rats and roaches existing in the city, how they breed and how they transmit disease. This information was presented in a very graphic and vivid manner. The training was effective in instituting a desire to do the job because of the many problems these creatures cause.
>
> The health risks, especially to children, made a strong impression. The idea of a young baby being bitten by a rat is one of the strongest motivating forces for the Health Educator Aide. The awarding of a certificate of training is also very important to HEA's, especially to those who had not finished high school.

After the training period, the first full-fledged HEA's went to work in three of the toughest areas of Chicago – the southwest Negro section, the north side with people of 23 different nationalities, and the west side with its large Spanish and Puerto Rican population.

As representatives of a health agency, the HEA's were recognized as persons who wanted to help and usually gained ready entree into slum homes. Yet, from the beginning they have encountered incredible problems. They found people who were afraid to go out into the street because their children had poison ivy (these were sent to public health clinics); they found many people who had no knowledge of family planning; and there were countless people with no idea what the nearby public health clinics could do for them.

One of the Aides found a mother of seven who was washing clothes by hand -- and fighting a tremendous backlog of dirty clothes -- while a new washing machine stood unused in a corner of the apartment. The woman could not read the

instructions; she had no idea how to operate the machine and was too proud to go to anyone for help. The HEA sent a serviceman to explain it to her and helped her to start using it. It was the beginning of a friendly relationship that eventually resulted in solving some of the woman's other problems, too.

Much preventive-type teaching is done by HEA's. Because of an extraordinarily large number of cases of lead poisoning among children admitted to city hospitals, HEA's warn mothers about the need to prevent small children from eating bits of peeling paint. They concentrate also on other safety rules, such as keeping drawers shut, floors and stairs cleared, and putting poisons out of the reach of youngsters.

Often, unhealthy conditions are related directly to the physical condition of the building and tenants point out gross neglect by the landlord. Then it falls to

The Health Educator Aide often is the link between tenant and landlord, trying to ensure that each understands his responsibilities and lives up to them.

the HEA to communicate with the landlord and arrange a meeting between him and the tenants.

In relationships between landlord and tenant, HEA's play a variety of roles. Not only do they act in a conciliatory and mediating role, but they also act in an advisory role to the landlord and sometimes can suggest ways the landlords can effectively collect rents or keep tenants from throwing garbage into the yard.

Often, requests for HEA services are received from various other Chicago departments. While the requests refer to a particular person or family at a specific address, the usual procedure is for the HEA assigned to give immediate attention to the family mentioned and then to assist all residents of the building who need help.

Cooperation with other city departments is necessary and has reciprocal value, too. Working with other city departments such as Streets and Sanitation, HEA's, together with tenants and landlords, are able to get alleys and lots cleaned. By working with the Building Department, the Aides can assure tenants that everything is being done to provide them with comfortable and safe housing.

The association between the Aides and the staff members of Urban Progress Centers often provides the opportunity to bring to the attention of various specialists in the centers certain problems which Aides are not equipped to handle. Many basic human problems have been solved working with the Cook County Department of Public Aid and the school system, which has paved the way for health and sanitation improvements.

After a few months, the Chicago HEA program was considered so vital that the Health Department requested 40 additional people to serve as HEA's. Because of budgetary limitations, it was decided to use existing Community Representatives of the Chicago Committee on Urban Opportunity, the local War on Poverty agency. Training programs, held between January and March 1967, provided a total of 500 Community Representatives trained in Health Educator Aide work. Most of them perform many other duties in attempting to improve the quality of life in the ghetto, in addition to HEA work.

" . . And with very good results," says Edward F. King, Assistant Health Commissioner. "The HEA's definitely have raised the level of personal and domicile sanitation and they have influenced block clubs and civic organizations to become interested in health programs."

Mr. King feels that the program is adaptable anywhere within "lower socio-economic communities." He added: "Although the largest number of residents in the poverty areas are non-white, the program is just as meaningful in areas inhabited by Appalachian Whites, American Indians, Puerto Ricans and Mexican Americans."

The concept of Health Educator Aides is now expanding in other directions in Chicago. Clergymen have established a program in which church committeemen accompany the HEA's on visits and offer assistance. Also under consideration is the idea of training additional HEA's to accompany public health nurses on visits to low-income people.

Enthusiastic Chicago officials are saying that the implications of the HEA approach go far beyond changing the attitudes of slum dwellers toward environmental sanitation and personal living habits. They point to the pyramiding effect of the HEA training now being given to the leadership of the disadvantaged population -- to those who already have taken the first step out of the ghetto or are about to do so. These people later, will work where they can most effectively motivate people at the levels of greatest apathy and anti-social activities. As the HEA's move on to better jobs, additional potential leaders will, in turn, receive training. Thus there is a constant upgrading of job skills, coupled with the creation of economic opportunities.

The health educator aide technique is a communication system. It is a tested tool, recognized as helping to achieve a significant improvement in the urban environment, as well as in social progress. Although the HEA program has found its beginnings in improving the health attitudes of the urban slum dweller, it does not have to stop there. Communication channels have been established. From there the effort can and should be expanded to include family planning, the Head Start program, job training, and other ways of improving the environment and the quality of living for the poor people of the city.

IN THE GHETTO WITH THE HEA

The slum-ghetto, because it is now recognized as one of the most critical problems of the entire nation, recently has been defined at great length in all media. Most of the definitions are sociologically correct, apt and neat, but one has to really experience the ghetto to define it. Anyone who has lived there will tell you it is more of a ". . . dirty, stinking, uncared-for closet-size section of a great city."*

It is a ". . . quagmire, a big quicksand. Just like you step in something, you just sink and you can't get out of it. . . . I mean you can live here for millions and millions of years and you will see the same place, same time, and same situation. It's like time stops here."**

But what they find on their daily rounds in the ghetto does not easily shock HEA's - - - their training and experience has prepared them well.

They can stand the sight of walls crawling with roaches, the foul odor of decaying garbage and dirty diapers; and the dank, chilly atmosphere of perennially damp buildings. They can take it, because behind each closed door is a family caught in the cycle of despair -- a family which, in most cases, has lost heart. Often it is a newly-arrived rural family so confused and unaccustomed to urban living that they can see no hope; other times it is a city family that has been on relief for two or three generations.

*From the Foreword of *Manchild in the Promised Land,* by Claude Brown, Macmillan Co., 1965.

**A resident of a Gary, Indiana slum, before the United States Commission on Civil Rights.

HEA's sometimes are depressed as they start their jobs, but when they discover how much they can help, they pick up momentum. They know they can help because they have helped before. The better their results, the more they are motivated to try harder with the next family. This constant challenge and the gratification of actually being able to see results are strong motivating factors that have resulted in a much lower turnover of HEA's in Chicago than was originally anticipated.

The two problems that HEA's find the most difficult are tenant turnover and tenant contentment.

It is a common occurrence to visit six families in a building one week and to go back the next week and find only three of these families. The third week, only two may be left, and, after perhaps a month or two, an entirely new group of families has moved into the building. This creates a problem with some families in that continuity is almost impossible. HEA's can only hope that they plant ideas of health and sanitation that the tenants will carry with them wherever they go.

The problem of tenant contentment, on the other hand, relates to the tenants' acceptance of bad housing and filth. They say, in effect, that they have been used to this type of situation all their lives; they don't see much hope of a change; and they can't see any point in trying.

Some people, for instance, are so tolerant of rats that they enjoy their company. As one woman said, "He watches television with me." Another tenant stated that the rats are not too bad, and at night they won't get into bed with her and her four children if she keeps the lights on; but when she turns the lights off, the rats get into bed with the family.

A remarkable thing about tenant contentment is the way it can be overcome by the persistence of HEA's. The Aides often go into situations where there is extreme apathy, work consistently over a period of time, and gradually, very slowly, try to bring about changes in attitude, which result in small changes in behavior and, eventually a whole new way of life.

This happened, for example, in the case of Mrs. B. She was aware of only one thing -- she was poor. She sincerely felt that she was living the only way she could.

After visiting Mrs. B. frequently for more than a month, the HEA finally convinced her that it was possible for her to live a better life. Cleanliness was the answer. It would not put more money in her pocket, but it would help her children's health problems and would boost the family's morale.

The HEA started by taking down the dirty, torn curtains from the filthy windows. There was no money for new curtains, so the old ones were mended. washed, starched and ironed. The clean, mended curtains made such an impression on Mrs. B. that *she* decided they would look even better at clean windows. This started a chain reaction -- clean windows, clean curtains, clean floors, clean dishes, wrapped garbage, and a clean person.

Distressing sights, even in basic sanitation, often greet the HEA's on their first visit to a ghetto home, but when they discover how much they can help, they pick up momentum.

After she was made aware of what soap and water would do, Mrs. B. was a changed person. "It was a slow and arduous grind," said the HEA, "but finally we got her on the side of health and sanitation." Later the woman got herself a job and now she is a responsible citizen and a much happier person.

Results of the work of HEA's are evidenced at three levels. The first is with the individual tenant families. The HEA emphasizes the things that tenants can understand and be helped to do; this, in turn, helps them to upgrade their particular personal situations. The second level is the understandings and meaningful developments that come from meetings arranged by HEA's between tenants and landlords. The third level is the HEA's community organization work in which the HEA must determine which agency is capable of meeting a given need or acting upon a given situation.

In a sense, then, the HEA is a coordinator as well as an educator and an organizer of individuals and agencies to alleviate problems of people in the ghetto.

All HEA's have cases in which they are not successful, no matter how hard they try. Quite often these cases involve alcoholism, mental health, or dope addiction, and there is no motivation to change.

Mental health problems are particularly difficult and require the attention of specialists. Children found shut up in rooms and showing signs of malnutrition cannot be ignored. But machinery for dealing with such cases is often cumbersome and difficult to put into motion. In other cases, health and safety standards are being violated and there is, apparently, no way to correct them immediately; often a landlord is involved who cannot be contacted, or the building is in some form of court procedings or receivership.

All HEA's are proud of especially successful cases. Often families with 8 to 12 children are involved. One HEA reported the case of a woman who lived in a place where ". . . you couldn't walk through the door, there was so much junk piled up. Gradually she warmed up and started cleaning up. We noticed improvement even when we dropped by unexpectedly. I don't think she really ever knew how to go about cleaning her house until we showed her. She had several teenage children. I sat down with them and the mother and assigned each child a job. This worked so well that the mother kept on doing it."

Another HEA reported on a mother and son who were both very ill with a chronic disease. He directed them to medical care, and the condition of both improved. Another case involved a two-flat building that was literally falling down. Ten children lived in one flat, and eight in the other. New housing about 15 blocks away was found for them by the HEA. The new landlord was happy to have them, and the HEA promised to work with them in the new building.

By introducing new housekeeping habits or altering old ones -- often a slow, arduous task -- a Health Educator Aide may spark a healthier, happier outlook on life for a despairing family.

THE MOMENT OF TRUTH

It is vitally important that a climate of trust be established in the initial contact with the ghetto family. Nothing can be accomplished unless there is a genuine feeling of friendship between the HEA and the tenant.

The "moment of truth" in some instances occurs at the door. Such things as the expression in people's eyes, their tone of voice, whether or not they invite the HEA into the apartment -- all are subtle human signals that indicate to the Aide what can be expected in working with an individual. In most cases, being invited inside is no problem; usually word already has spread on "the hot wire" throughout the neighborhood that these people are here to help.

The typical interview procedure is in three phases: (1) initial contact; (2) discussion of general problems and/or environmental health; and (3) follow up, usually through a series of return visits, the frequency of which is determined by the urgency of the individual case.

The first visit always begins as if it were a social call. (This approach is in contrast to the sometimes direct, to-the-point professional approach of many social workers making a home visit.)

HEA's report that a very large proportion of people respond in a warm, positive manner to the "friendly neighbor" approach. Only about once a week are they unsuccessful in entering an apartment. After an exchange of pleasantries with the family, the HEA says that she is there to help. The Aide asks whether the tenants are troubled with rats and roaches or have any other problems. If the family is reserved and suspicious, they probably say they have "no problems" and the interview is terminated unless there are some obvious environmental health problems the HEA can comment upon.

In an emergency, the HEA meets the most immediate problem before attempting any health education. One HEA found a young pregnant woman in labor and called an ambulance. She returned a few weeks later to give some instructions in bathing the baby, etc.

If a family is huddled together under blankets because there is no heat in the house, or it is being evicted from its apartment, HEA's frequently have worked around the clock or on weekends to meet the emergency.

In most cases, even if a family is very apathetic and extremely reserved, they usually allow the HEA to examine the kitchen, the bathroom, and the garbage storage area. Fundamental health points can be brought up at this time and conversation at this level is continued on a return visit, usually in a day or two.

Most of the time, communication is no problem. When the HEA asks if there are any problems, the most frequent complaints are about the landlord and the condition of the building. Sometimes problems are raised that have little direct bearing on environmental health, but which are serious enough to demand resolution before work can begin on health problems.

After the HEA makes a series of visits, the tenants usually start cleaning up the apartment themselves. To encourage them to keep it clean every day, families are not usually told when the HEA will return. If, after the second or third visit, there is evidence of an improvement in housekeeping, the housekeeper is complimented and encouraged.

HEA's must exercise considerable tact, give appropriate praise, and maintain a high level of tolerance. They should never lose their tempers or attempt to judge. In effect, their words and actions must say "The past is of no interest, only the present and the future; the start we make now is the important thing."

HEA's agree that persuasion and praise work best in dealing with families; often, those with the greatest problems are the most sensitive to criticism of their way of life. The families with the worst problems are those in which there is heavy drinking or drug addiction. Here, an apathy exists that responds to practically nothing.

Another problem, equally distressing, is the mother who has become a recluse. According to HEA's, some women with a large number of children actually become hermits in their apartments, scarcely leaving it for anything. One HEA reported a woman who felt depressed at the end of a series of visits to a psychiatrist because she "had no place to go." She had been looking forward, simply, to getting away from the kids for 3 hours a week. Some HEA's encourage the women to get out for a while each week, and suggest that they trade babysitting services with other mothers.

Work with landlords is perhaps the most complicated phase of the HEA's work. He must be impartial and understanding of both the landlord's and the tenant's problems. The landlords' problems are quite apparent: tenants often are hard on property; hallways are sometimes used as public restrooms or dumping places for garbage; the use of locks and buzzers to keep hallways clear of loiterers is difficult because of numbers of people circulating in and out of large tenement buildings; because of frequent loss of lightbulbs, sometimes only

Persuasion and praise work best in dealing with families. Where there are improvements in housekeeping, the housekeeper is complimented and encouraged.

minutes after they have been installed, many buildings are dark and extremely hazardous to enter at any time, day or night.

Bringing the landlord and tenants together to discuss necessary improvements is a crucial factor contributing to the effectiveness of the program. Locating the landlord and getting him to confer with the tenants is often time consuming and exasperating; many landlords just do not want to be found. Tenants are encouraged to clean up the building to make a good impression on the landlord, the Aides must make sure the work actually is done and also that the landlord shows up for the meeting.

HEA's frequently have been helpful to landlords in suggesting how to motivate tenants to be neat, and how rents can be collected regularly. Landlords generally accept the HEA on presentation of identification, but their attitudes toward him have been mixed. Some recognize the help HEA's can give through working with their tenants; others are resentful of the Aides, perhaps because they inform the tenants of the landlord's responsibilities.

Recruitment of good janitors is extremely difficult. Without a good janitor, even a landlord who wants to maintain a good building cannot do so. Real estate agencies often do little more than collect the rent, even though the landlord assumes they are performing other services. A landlord may contract with an exterminating company for work that is not performed or is not performed effectively.

Everyone involved -- the janitors, the garbage collectors, the exterminators, the real estate agencies, the landlords and the tenants -- can shift the blame for substandard conditions. The problem of fixing responsibility, therefore, can be very complicated. Balancing the responsibility between tenants, landlords, and others involved requires considerable skill by the Health Educator Aides.

When a landlord is impossible to reach, or he makes promises and fulfills none of them, referrals are made to the Building Department. In Chicago, such referrals vary from one a month to three or four a day, depending upon the conditions of the neighborhood. Referrals are also made to other health agencies or to the Department of Public Aid. If it can possibly be done, however, HEA's usually handle situations themselves to avoid time-consuming delays.

HOW THE HEALTH EDUCATOR AIDE PROGRAM CAN WORK IN YOUR CITY

Direct, vigorous action is needed now to improve the quality of life in the ghetto. Basic to this is an improved health and physical environment.

We sincerely believe that the person-to-person approach of the Health Educator Aide helping people to help themselves is one of the most important, yet simple, initial steps in improving conditions in the ghetto. The concept of the Aide who lives and works within the community in question has proven valuable in Public Health Programs in underdeveloped regions for many years.

Establishment of a Health Educator Aide Program in your city need not be a complex undertaking. The U. S. Department of Health, Education, and Welfare's Environmental Control Administration in Cincinnati, Ohio, has developed a training package that will enable a city to train its Health Educator Aides, usually within two weeks. The Administration will train personnel from the city in the skills required to present this course. Assistance and consultation are available from the Environmental Control Administration, Cincinnati, Ohio. The city must decide how many Aides it needs, and how many it can afford. There is no formula for determining this; factors to be considered, however, are the areas to be served, the duties to be performed, the supervision available, and the budget.

In good HEA programs, supervision and paper work are kept at a minimum. As HEA's become more experienced, supervision is lessened more and more, and the Aides are encouraged to use their own initiative and judgment. In planning case loads, it is well to consider that situations differ with urgency; the usual schedule, however, includes five visits a day.

The most important thing to remember is that *the HEA program can only be as effective as the vigor and degree of coordination and support given it of overall city efforts directed to the problems of the ghetto.*

This program encompasses problems of considerable magnitude, and the goals will be accomplished only by a continuing and coordinated effort. Therefore, if the community decides to use the HEA approach, the program should be developed and administered by a permanent community agency rather than by volunteers or temporary administrative structures.

Although the basic orientation relates to the health of people, the system will directly affect other community functions also. The full value and benefits of this system can only be realized by an effective referral system involving all related functions and agencies regardless of which agency is directly responsible for administering the referral program.

The most apparent relationship is that concerned with the enforcement of housing codes. It is increasingly clear that many previous attempts to advance housing, such as conservation, code enforcement, and rehabilitation programs, have not realized their potential because of a lack of motivation of residents.

The HEA function should be an integral part of a housing code enforcement program. In areas where this function is not administered by the health agency, there would be an obvious need for strong and direct coordination. Because of the greater "people orientation" of health agencies, it seems appropriate to suggest that any Health Educator Aide function should be administered by the health agency in support of the housing improvement effort.

Housing codes are basically a legal instrument to advance health. The Health Educator Aide function presents an opportunity to strengthen the role of the health agency, in an operating capacity, and to assist in maintaining and developing healthful housing even though major elements of the housing program might be located in other agencies. Definition of the roles of the health and housing agency (or agencies) in the management of the HEA technique is a basic step in its effective use in urban improvement programs. In addition to its relation to housing code enforcement, the HEA technique also will have application to programs for comprehensive community rat control, neighborhood service centers, and model cities under the Demonstration Cities and Metropolitan Development Act of 1966.

In planning an HEA program for your city it is of utmost importance to prepare your professional staff adequately in advance to promote an atmosphere of acceptance. A good professional relationship between administrators and their HEA's is based upon an awareness of the contributions that can be made by these Aides who have little formal education beyond high school but who have a good basic knowledge of how to work with and motivate the people of the community.

Health Educator Aides are expected to utilize their own knowledge and resources in the solution of problems to a greater extent than is normally done in similar programs. The approach here is away from a type of program that can be

strictly outlined and manipulated by higher authority and towards one that requires thinking, decision-making, and action at the field level. This can be brought about by proper training and through administrative policies that permit personnel to discuss problems and make decisions within clearly defined limits.

Administrators of such a program should be able to reconcile themselves to dealing with people, rather than with numbers. They should be dedicated to helping people -- particularly to helping the Aides working for them to grow in their jobs.

Detailed information, elaborating on these vital points and many more, is now available in the training package already mentioned. This package course (including training manuals, visual aids, etc.,) will be made available to individuals responsible for the training of Health Educator Aides. Consultative services regarding the administration and implementation of this program are available from the Regional Offices of the U. S. Environmental Control Administration at any of the following addresses:

REGIONAL OFFICES

REGION I Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	Regional Director, USDHEW John F. Kennedy Building Government Center Boston, Massachusetts 02203
REGION II Delaware, New Jersey, New York, Pennsylvania	Regional Director, USDHEW Federal Building 26 Federal Plaza New York, New York 10007
REGION III District of Columbia, Kentucky, Maryland, North Carolina, Virginia, West Virginia, Puerto Rico, Virgin Islands	Regional Director, USDHEW 220 Seventh Street, N. E. Charlottesville, Virginia 22901
REGION IV Alabama, Florida, Georgia, Mississippi, South Carolina, Tennessee	Regional Director, USDHEW 50 Seventh Street, N. E. Atlanta, Georgia 30323
REGION V Illinois, Indiana, Michigan, Ohio, Wisconsin	Regional Director, USDHEW New Post Office Building 433 West Van Buren Street Chicago, Illinois 60607
REGION VI Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota	Regional Director, USDHEW 601 East 12th Street Kansas City, Missouri 64106

REGION VII **Arkansas, Louisiana, New Mexico, Oklahoma, Texas**	**Regional Director, USDHEW** **1114 Commerce Street** **Dallas, Texas 75202**
REGION VIII **Colorado, Idaho, Montana, Utah, Wyoming**	**Regional Director, USDHEW** **Federal Office Building** **19th and Stout Streets** **Denver, Colorado 80202**
REGION IX **Alaska, Arizona, California, Hawaii, Nevada, Oregon, Washington, Guam, American Samoa**	**Regional Director, USDHEW** **Federal Office Building** **50 Fulton Street** **San Francisco, California 94102**

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